

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**SAFEKEEPING INSTRUCTIONS**

**Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE".**

- 1. If licensee is a sole proprietor or partnership, print individual's name (Last Name, First Name, Middle Initial). If licensee is a business entity list the entity's name.**
- 2. Print trade name.**
- 3. Print license class.**
- 4. Print home telephone number.**
- 5. Print premise address, street number & name, city, state and zip code.**
- 6. Please check the appropriate box to indicate if you will maintain the licensed location. If you respond no, please explain.**
- 7. Print you resident address, street name, city, state and zip code.**
- 8. Print resident telephone number.**
- 9. Print your reason for requesting safekeeping.**
- 10. If applicant is a sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the certification, which states: "Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Print your name and have your signature notarized.**

**SPECIAL NOTICE**

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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**APPLICATION FOR SAFEKEEPING**

**OFFICIAL USE ONLY**

Date Accepted:				Accepted by:			
Fees Paid: \$	From	To	Issue Date:	From	To		
Date Approved by Board / /	Initial: ↴						
Date Denied by Board / /	Initial: ↴						

**TO BE COMPLETED BY APPLICANT**

1. Licensee's Name (Last, First, Middle):			2. Trade Name:		
3. License Class:			4. Home Telephone Number:		
5. Premise Address:			City	State	Zip Code
6. Will you maintain the licensed location?   ?   Yes   ?   No   If no, explain:					
7. Home Address:			City	State	Zip Code
8. Home Telephone Number:					
9. Safekeeping status is being requested for the following reasons(s):					
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>					
10. Certification: I hereby certify under perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.					
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Signature		Subscribed and sworn to before me on this ____ day of ___, 20___.		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Notary Public	
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Signature		Subscribed and sworn to before me on this ____ day of ___, 20___.		<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Notary Public	
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